

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09 423066
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		2				
5		1				
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7		1				
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50				/		
TOTAL IND.	2	1				
TOTAL DEP.	10	1				
TOTAL CLAIMS	12	2				

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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